

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/20/03.

I. DISPUTE

Whether there should be reimbursement for E1399 (misc. durable medical equipment).

II. FINDINGS

The respondent reduced payment on the item in dispute based upon “M-No MAR” and “YM – The reimbursement for the service rendered has been determined to be fair and reasonable based on billing and payment research and is in accordance with Labor code 413.011(D)”

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
04/01/03	E1399	\$385.00	\$165.00	M, YM	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR VIII & IX Section 413.011	The requestor provided redacted EOBs from insurance carriers with HCPCS code E1399 misc. durable medical equipment. It is not clear if this is the same item as the one in dispute, therefore a change in reimbursement is not supported. Additional reimbursement is not recommended
Totals		\$385.00	\$165.00				The Requestor is not entitled to reimbursement.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 14th day of May 2004.

Laura L. Campbell
 Medical Dispute Resolution Officer
 Medical Review Division